

Assistance Note: Please ensure that all fields are completed in full. If you need assistance completing this packet, please reach out to Fello at the contact info listed above. Thank you!

Participant Name:*(Name of the employer you will be providing services for.)*

Applicant's relationship to the Participant: - The participant may choose to hire a relative, legally responsible person, or unpaid legal guardian in certain situations.

Please indicate your specific relationship to the participant employer below:

Natural or adoptive parent/step parent

Aunt/Uncle

Is the applicant related to the Participant Employer?

Grandparent/Step-Grandparent

Niece/Nephew

Yes:

No:

Child/Step-Child

Other (Please Specify or N/A)

Sibling/Step-Sibling

APPLICANT DEMOGRAPHICS - *Print clearly and legibly. Use applicant's full legal name and avoid use of nicknames or shortened names.*

Last Name:**First Name:****Middle Name:**

Maiden name, nickname, alias (if applicable):

The applicant's email and phone # are required to initiate a background screening through our onboarding system Paycom. Please look for an email from Paycom and submit the required information upon receipt to avoid onboarding delays. Clearance is contingent upon receipt of background screening results, training certifications, and fully completed new hire paperwork.

Email:**Note: Email must be unique to applicant****Primary Phone:** ()**Alt Phone:** ()**Last 4 Digits of SSN:***Needed for verification while applicant is in pre-hire status.*

EMERGENCY CONTACTS - *Utilized only if an applicant is seriously ill or injured.*

Emergency Contact Name:**Phone Number:**

APPLICANT QUALIFICATIONS - *Provide copies of all training certifications with the new hire packet.*

Please note that both CPR and First Aid must include in-person skills assessment testing for compliance.

Required for Employment:	Issue Date:	Expiration Date:
CPR Certification		
First Aid Certification		
Other Certifications (If Applicable) Examples: Nursing, Med Tech, etc.		

APPLICANT PAYROLL DATA – Participant, please enter the service(s) that the applicant is authorized to provide, including the hourly rate of pay for each. Service codes are located on pages 4 and 5 of this form.

Please ensure the services and rate(s) of pay entered below are authorized in the approved plan and budget.

Service Codes Codes must be approved in the plan / budget.	Hourly Rate: Should not exceed the approved maximum rate approved in the plan / budget.

Yes

No

Will the applicant be providing transportation for the Participant?

**If yes, the team will need to provide Fello with a driver's license and a copy of the applicant's auto insurance information.*

Will the applicant be administering medication to the Participant?

**If yes, the team will need to provide Fello with a valid CMT certification.*

Is the applicant a rehire for the Participant Employer?

ACKNOWLEDGEMENT AND RELEASE

The completion of the applicant paperwork is to establish an employment relationship between the applicant and the employer, identified as Participant/Employer or their Authorized Representative, if applicable. The employment relationship is not with Fello.

By signing below, you acknowledge that you may not be paid for work by Fello until all the required application forms, trainings, and other required documents have been submitted and processed, and Fello issues the Participant/ Employer or their Authorized Representative a clearance form for the applicant to begin working. You understand that your employment remains conditional and may not start working until the clearance form is issued with an official work start date.

By signing below, you acknowledge that all information provided within the employment packet is true and accurate. Further, you agree that a facsimile (fax), electronic or photographic copy of the employment packet documents shall be as valid as the original documents.

Clearance is contingent upon receipt of fully complete new hire paperwork, fulfillment of training requirements, and receipt of clear background screening results.

Applicant Name (Please Print):

Applicant Signature:

Date: _____

Participant (please print):

Participant (Signature):

Date:

Authorized Representative (If Applicable)

Printed Name:

I/We _____, Am/Are signing for Participant Employer,
as a legally authorized representative(s).

The nature of my legal authorization is (please check one):

Legal Guardian:

Designated Representative:

Parent (If Participant is under 18 ONLY):

Other (Please Specify):

Guardian or Authorized Representative for Participant:

Representative Signature:

Date:

Co-Guardian or Authorized Representative for Participant (If Applicable):

Co-Guardian or Authorized Representative (If Applicable):

Date:



Service Codes

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

Submittal/Questions: SDSNewHirePackets@fello.org

Open a Customer Service Ticket: felloselfdirection.zendesk.com/

Website: fello.org/selfdirectedservices/

Please note only codes authorized in an approved annual PCP and budget can be added to an Employee's Evvie account.

Personal Supports:

PS - Staff 1:1 Wages
PS - Staff 2:1 Wages
PS - Training Wages
PS - Paid Time Off
PS - Paid Holidays Off
PS - Overnight Staff 1:1 Wages
PS - Overnight Staff 2:1 Wages
PS - Staff 1:1 Working Holiday Hours
PS - Staff 2:1 Working Holiday Hours
PS - Sick & Safe Wages

Personal Supports Enhanced:

PS Enhanced - Staff 1:1 Wages
PS Enhanced - Training Wages
PS Enhanced - Paid Time Off
PS Enhanced - Paid Holidays Off
PS Enhanced - Overnight Staff 1:1 Wages
PS Enhanced - Staff 1:1 Working Holiday Hours
PS Enhanced - Sick & Safe Wages

Community Development Services:

CDS - Staff 1:1 Wages
CDS - Staff 2:1 Wages
CDS - Training Wages
CDS - Paid Time Off
CDS - Paid Holidays Off
CDS - Staff 1:1 Working Holiday Hours
CDS - Staff 2:1 Working Holiday Hours
CDS - Sick & Safe Wages

Employment Services:

ES - Ongoing Job Supports - Staff Wages
ES - Training Wages
ES - Paid Time Off
ES - Paid Holidays Off
ES - Staff Working Holiday Hours
ES - Sick & Safe Wages



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Day-to-Day Administrator:

Day-to-Day Admin - Wages
Day-to-Day Admin - Training Wages
Day-to-Day Admin - Paid Time Off
Day-to-Day Admin - Paid Holiday Off
Day-to-Day Admin - Staff Working Holiday Hours
Day-to-Day Admin - Sick & Safe Wages

Please note for Day to Day administrative services, relatives may be hired if they are **not** a legally responsible person or legal guardian of the participant"

Nursing Support Services:

Nursing - Staff Wages
Nursing - Paid Time Off
Nursing - Paid Holidays Off
Nursing - Staff Working Holiday Hours
Nursing - Sick & Safe Wages

Respite:

Respite - Staff 1:1 Wages
Respite - Staff Training Wages
Respite - Paid Time Off Respite
Respite - Paid Holidays Off
Respite - Staff 1:1 Working Holiday Hours
Respite - Sick & Safe - Wages

Please note, primary caregivers are not able to provide respite services.

Support Broker:

SB - Staff Wages
SB - Training Wages
SB - Paid Time Off
SB - Paid Holidays Off
SB - Staff Working Holiday Hours
SB - Sick & Safe Wages